

THE TEN COMMANDMENTS of COMMUNICATING with
PEOPLE with DISABILITIES
Video Request Form

Note: This request must be submitted and approved prior to the request date.

DATE: _____ **DEPARTMENT/USER:** _____

CONTACT PERSON: _____ **PHONE NUMBER:** _____

EMAIL: _____ **ADDRESS:** _____

NUMBER OF VIDEOS REQUESTED: _____ **TYPE OF VIDEO REQUESTED:**
(Limit of two per department)

☐ VHS (OC) qty. _____

DATE NEEDED: _____

☐ VHS (CC) qty. _____

☐ DVD qty. _____

DEPARTMENT REQUEST FOR PICK UP OR DELIVERY (Choose One):

☐ Will pick up the video(s) from SPB. **Pick up date:** _____

☐ Please mail the video(s) to: _____

I, _____ certify that I will return these goods in the condition received. If the above specified are lost, stolen or damaged the department agrees to replace those items at their replacement value. I also hereby agree to all terms in this contract.

(Signature of Requestor)

(Date)

****APPROVAL:(To be filled out by SPB)**

(SPB staff)

(Date)

(Video I.D. Number(s))

(Date Videos Received by Department and SPB)

Checkout: _____ **Return:** _____
(Date) (SPB Staff Verified) (Date) (SPB Staff Verified)

**Please send form to: Attn: Office of Civil Rights MS- 55B, 801 Capitol Mall, Sacramento, CA
94244-2010**



VIDEO LOAN AGREEMENT

1. Videos are available for checkout for one 2-week period. [A separate Video Request Form must be completed for each additional 2-week checkout period].
2. A Video Request Form **MUST** be completed and approved prior to the request date.
3. The Video Request Form may be submitted via mail or in person to the State Personnel Board, Office of Civil Rights however; **the original** request **MUST** be submitted and received by SPB prior to release of the video(s).
4. Requests are not confirmed until the State Personnel Board, Office of Civil Rights informs you via email or phone that they are after reviewing the request and checking video supply. If the videos requested are not in, the State Personnel Board, Office of Civil Rights, will inform you as soon as they are readily available for checkout.
5. In the event of breakage, loss or theft, the requestor agrees to replace the lost, stolen or damaged video.
6. All payments and/or replacements must be settled in full before any additional videos may be requested by the department/user.
7. A signature is required of the requestor at time of checkout of the video(s) borrowed.
8. The videos are to be used for internal department training purposes **ONLY**. Profitable viewing venues are prohibited.
9. A limit of 2 videos per department may be checked out at one time.
10. The videos will not be released to the department until the contact person and other information is verified.
11. The videos may not be shared and/or distributed to other state departments. The videos must be returned to the **SPB Office of Civil Rights**, before another department may utilize them. A **separate** video request form **MUST** be filled out by the new department.
12. Due to copyright infringement laws, videos cannot be copied, duplicated or reproduced in **any** way.

STEPS to CHECKOUT

1. Complete the Video Request Form.
2. Keep a copy for your records and mail the original to: **Attn: Office of Civil Rights MS-55B, 801 Capitol Mall Drive, Sacramento, CA 94244-2010.**
3. Upon SPB approval, the contact person and/or department will be notified. Once you receive notification, SPB will implement the selected method of delivery (mail or pickup).
4. The two-week checkout period for the video begins from the date of delivery or pickup, and ends with the return of the video(s) to SPB

Please send form to: Attn: Office of Civil Rights MS- 55B, 801 Capitol Mall, Sacramento, CA 94244-2010

